



# Independent Pharmacy Alliance of America Inc.

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## THIRD PARTY REIMBURSEMENT WORKSHEET

rev 3/18

For assistance to resolve a third party problem, please complete the form below and fax back to IPA @ 609-395-1007 -or- call Heather Rodgers at IPA's 3rd Party Help Desk at 800-575-2667. **Please include a copy of your wholesaler invoice; Plans will not accept inquires without the invoice.**

Date: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

Contact Name: \_\_\_\_\_

NABP: \_\_\_\_\_

Telephone: \_\_\_\_\_

NPI: \_\_\_\_\_

Fax #: \_\_\_\_\_

Third Party Plan: \_\_\_\_\_

BIN #: \_\_\_\_\_

PCN #: \_\_\_\_\_

GROUP#: \_\_\_\_\_

Patient ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Rx #: \_\_\_\_\_

Date of Service: \_\_\_\_\_

NDC #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drug Name: \_\_\_\_\_

Drops    Liquid    Tabs    Caps   mg: \_\_\_\_\_   Qty: \_\_\_\_\_

What is your cost for the drug? \$ \_\_\_\_\_ / \_\_\_\_\_ (qty)

What do you get reimbursed? \$ \_\_\_\_\_ / \_\_\_\_\_ Does that include your dispensing fee? Y / N

(Fee = \$ \_\_\_\_\_) Patient Co-pay amount \$ \_\_\_\_\_ / \_\_\_\_\_

AWP: \$ \_\_\_\_\_

**Please return to Heather Rodgers - IPA  
@ 609-395-1007 / hrodgers@ipagroup.org**